

**SOUTH WEST GLASGOW  
COMMUNITY HEALTH & CARE PARTNERSHIP**

**HEALTH IMPROVEMENT PLAN  
2006 – 2010**

Jan 2006

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# INTRODUCTION

## Purpose of the 'Health Improvement Plan'

The Health Improvement Plan (2006/7) describes the early strategic direction developed for the new South West Community Health and Care Partnership (CHCP), in partnership with others. The plan describes areas over which the organisation has principal influence e.g. through the services it provides, but also the significant partnership role of the organisation in contributing to wider change affecting health e.g. employment. This involves working with neighbourhoods, with populations and partners.

This Year 1 plan has been required to be submitted prior to the formal establishment of the South West CHCP, consequently it represents the first steps in a planning process extending to 2010. The timeframe beyond 2007 offers a three-year cycle that would seek to dovetail with community planning timescales beyond 2008.

The term Health Improvement is used in this document to describe the combined efforts of improving the health of south west residents overall and very focused activity to reduce health inequalities that exist geographically within the area and for specific communities of interest.

The strategic direction of the CHCP will continue to develop with community and voluntary sector partners, the broader public, community planning partners, CHCP staff and others over the coming year, and a more detailed action plan will be developed for year 1 over the next six months.

## Community Health & Care Partnerships

The introduction of Community Health and Care Partnerships followed from the NHS Reform (Scotland) Act 2004 and the Health White Paper Partnership for Care (2004) (1).

In Glasgow the NHS and City Council have joined forces to create partnerships that will manage a wide range of community services. This will include health and social care services provided in local Health Centre's, Social Work Offices, Learning Disability Resource Centre's, Mental Health Resource Centre's and addiction services.

They will have strong relationships with independent contractors working with health and social services e.g. GP's and pharmacists.

As well as providing services CHCP's will work in partnership to improve the health and quality of life of residents.



The South West Glasgow Community Health and Care Partnership (CHCP), is one of five partnerships in Glasgow City and from 1 April 2006, it will cover the broad geographical areas of Greater Pollok, Greater Govan, Mossbank, Arden, Carnwadric, Darnley, Pollokshaws, Hillington, Cardonald Corridor and Newlands, taking in around 122,000 Glaswegians (2)

### **Process for developing the Health Improvement Plan in South West Glasgow CHCP**

With support from the Scottish Executive and a local planning group two Health Improvement Development Seminars were undertaken in December 2005 to inform the development of this plan. The events were attended by 40 people and included 12 partnership organisations including community and voluntary organisations, Local Authority staff from education, social work, culture and leisure services, and others including Social Inclusion Partnership and Local Development Companies/Initiatives. The events were also attended by the staff who will take up the posts of the Senior Manager Team, Director and Chair of the South West CHCP's (3)

The event created an environment that supported the development of new working relationships and focussed on three broad areas:

- Understanding Need – qualitative and quantitative data supported the identification and tracking of local health needs in comparison to Scotland wide figures and smaller area information set out the health needs/inequalities that exist within and across the area.
- Exploring and mainstreaming programmes that address need – there was recognition that significant local health improvement programmes are on time limited funding packages including Community Regeneration Funding, Lottery funding and others and that this fragility must be considered.
- Balancing lifestyles and life circumstances - Lifestyles for example smoking and drugs misuse impact negatively on health status however health improvement is dependant on a complex interplay of the wider determinants of health including: employment; wealth, living conditions, having control over our own lives and having hope and aspirations for the future.

There is already a history of partnership endeavour in the South West. This contributed to the emergence, from all participants, that the Health Improvement Plan should take, in partnership with others, a strong commitment to strengthening action to revive neighbourhoods and economies, and targeted action on specific local issues e.g. addictions, the health of local children and homelessness.

## **PRIORITIES AND NEED**

### **National context and direction**

Tackling the health inequalities in Scotland is a priority within the Scottish Executive's health improvement policies (Delivering for Health, 2005, Scottish Executive). There is a disproportionate burden of ill health in Glasgow for people in more disadvantaged communities (4).

The South West CHCP will significantly contribute to, and in some cases lead, the Greater Glasgow NHS achievement of 'Scotland Health, the Challenge' 2003 which sets the national agenda for change to improve health. Included within this national and city-wide context is

- A Breath of fresh air for Scotland (2004) and Glasgow's Tobacco Strategy (2004)
- Let's make Scotland more Active (2003) along with Let's make Glasgow More Active (2005)

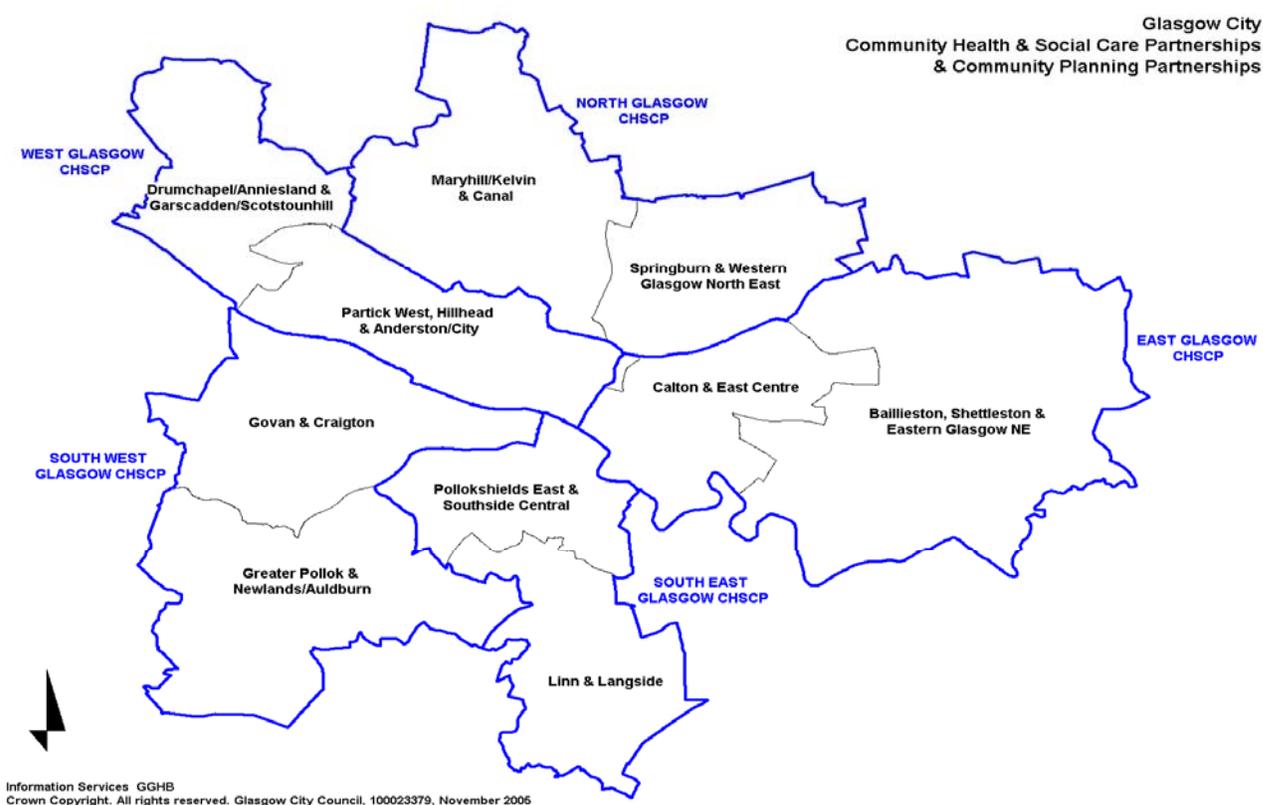
- Eating for Health: Meeting the challenge (2004), and Glasgow City's Food and Health Framework (2003)
- National Programme for Improving Mental Health and Well-being (2003), Choose Life: a national strategy to prevent suicide in Scotland (2002)

As well as the above strategies the South West CHCP Health Plan will be required to address priorities arising through Social Justice targets and 'Closing the Opportunity Gap', contributing to the wider regeneration of the area.

This plan does not seek to list all the programmes currently operating, in fact a rapid appraisal of health improvement in one part of the area, Greater Pollok (2003), identified 38 health improvement programmes operating in that area (5), indicating that a substantial number of health improvement programmes are already happening.

### Relationship to Community Planning

The South West CHCP is coterminous with the two Local Community Planning areas of Govan & Craigton and Greater Pollok & Newlands/Auldburn as shown on the Glasgow City Community Planning boundary map below



The South West CHCP will represent the NHS on the two Local Community Planning Partnerships (LCPP's) and anticipates these as being the principal vehicle through which it will work to impact on the broader determinants of health (6). Glasgow's Community Plan (2005 – 2010) sets out to ensure regeneration is targeted to those who need it most. The two overarching priorities of worklessness and addictions are integral to the five themes; working, learning, health, safety and vibrancy. Glasgow Community Planning Partnership has agreed with Communities Scotland the Regeneration Outcome Agreement (ROA) for 2006-8. The ROA provides the strategic and

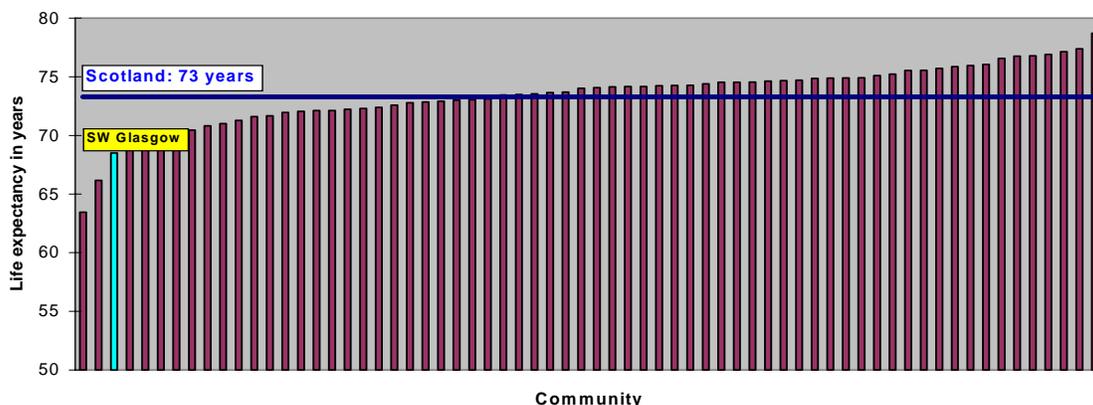
operational framework for regenerating the worst 15% of datazones Scotland. Glasgow accounts for only 11% of the Scottish population however **38%** of all the 15% most deprived neighbourhoods. It contains **50%** of all the 10% most deprived data zones and **70%** of all the bottom 5% most deprived neighbourhoods in Scotland (7). Within South West Glasgow over 50% of the population reside within the worst 15% of Scottish datazones.

The development of the Regeneration Outcome Agreement (ROA) for Glasgow involved the Community Planning Partnership undertaking local community consultation events to receive local views on priorities for regeneration. The feedback from these events is reflected in the priorities identified in this plan.

### What we know about health in the South West of Glasgow

A snapshot of data to inform this brief section has been extracted from the Community Health and Wellbeing Profiles and the Scottish Index of Multiple Deprivation Data produced in 2004. **South West Glasgow has the third lowest life expectancy in Scotland, with only North and East Glasgow fairing worse. This stark statistic reflects the scale of the health inequalities and health improvement agenda in the South West.**

Male life expectancy by community, 1998-2002  
Source: GRO(S);NHSHS



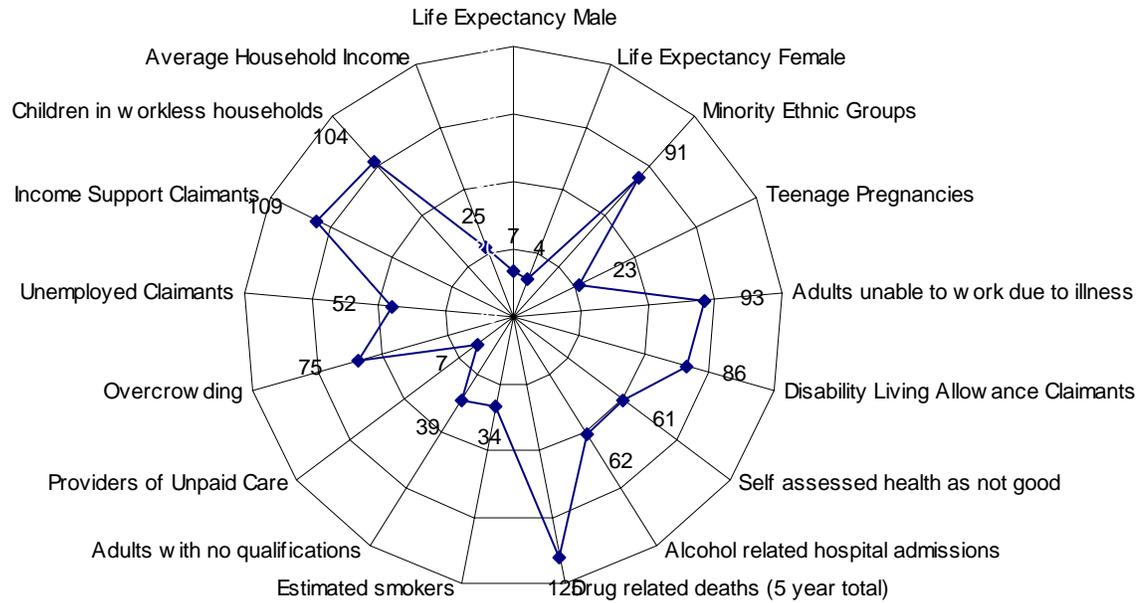
Over half of residents in the South West CHSCP are within Scotland’s worst 15% datazones (57% and 52% for the Govan/Craigton and Greater Pollok/Newlands/Auldburn Community Planning areas respectively).

Many of the available statistics reflect a concentration of poor health experiences in Ibrox and wider Govan, Pennilee, Pollok and Nitshill e.g in Ibrox – male life expectancy is just over 64 years, in neighbouring Cardonald N/Hillington – male life expectancy is almost **eight years** higher at 72 years. Likewise in Ibrox the rates of alcohol admission are **300%** higher than the Scottish average.

### Summary of Community Health and Wellbeing Profiles Data

The spider diagram below captures some of the headline indicators of poor health, showing that in all instances south west Glasgow fairs worse than the Scottish average, dramatically so in relation to economic and addiction indicators.

## SW CHSCP Indicators above Scottish National Average



◆ % Above

**The centre of the spider diagram signifies the Scottish average.**

Analysis of available data, along with perspectives of staff and residents (ROA consultation events) offers insight into the issues facing the South West of Glasgow, finding the solutions to these is a complex map of initiatives, cultural and physical regeneration.

## **STRATEGIC DIRECTION FOR THE SOUTH WEST**

Health Improvement within the South West of Glasgow will continue to build on the relationships, structures and programmes that are already active in the area. The South West CHCP seeks to enhance the impact of these efforts through:

- ❑ Development and sustainability of discrete localised programmes tailored to specific neighbourhood and communities of interest needs. The CHCP will continue to support this aspect of health improvement while seeking to provide a stronger coherency for programmes as a whole.
- ❑ Strengthening systematic and system change across areas, considering how the identified priorities translate for services and the systems in which the organisation operates e.g. the role of the CHCP in reducing poverty.
- ❑ Shaping as well as translating national and citywide strategy into a local context e.g. how best can the CHCP contribute to suicide prevention for local residents in the context of existing local services and prioritises? In this respect the CHCP may seek to offer solutions that impact on a number of lifestyle or life circumstance requirements rather than develop specific programmes for each discrete strategic driver.
- ❑ Fostering strategic development for the organisation in partnership locally and influencing the citywide and national agenda where appropriate.

### **Principles for Partnership Working in Health Improvement**

Participants of the health improvement seminars also identified the need for a strong philosophy for effective partnership working in Health Improvement and identified a number of principles to support this including:

- Shared vision and values with open and honest communication
- Clarity of leadership, purpose, role and accountability
- Recognition and value for the different contributions partners bring
- Building on what has been and working collaboratively with local people and partners to bring about a step change in the HI inequalities across the SW CHCP

### **Emerging Health Improvement themes for the South West CHCP**

**Themes are drawn from the two-day events and the community events held by Glasgow's Community Planning Partnership.**

#### **Worklessness**

The issue of worklessness is substantial in the South West, this was reflected in the low local uptake to employment initiatives, and the high numbers of those unable to work due to ill health, poor educational performance and available employment related data.

- ❑ This sets an agenda for the CHCP around its role in the economic revival of the south west; most notably the commitment to the development of the Civic Realm and new retail enterprise in Pollok and the significant development of the Central Govan Action Plan

- ❑ Through Primary Care GP's are already able to refer patients for employment support and welfare benefits, the bridging role of CHCP services to employment will be a further focus for development, utilising the equal access strategy and structure to assist this process.
- ❑ The development and delivery of a 'Pathways to Work' Condition Management Team within the CHCP working alongside Job Centre Plus to assist incapacity benefit claimants to consider and move into work, where appropriate.
- ❑ Our Addiction services will continue to encourage service users into training, employment and education opportunities as an integral part of rehabilitation programmes. This will be further expanded this year by the establishment of our Community Rehabilitation service being provided by Addaction.
- ❑ The CHCP will host Glasgow's Health and Work team and seek through this team to support policy and practice of workplaces in supporting employee health
- ❑ Work with Development Companies and others to bridge users to recruitment programmes operating within Glasgow City Council, the NHS and other partners

### **Aspiration and Poverty**

People working in the south west report a sense of 'community neglect' that pervades all endeavour, this culture of neglect has shifted through the work of the three Social Inclusion Partnership across the area, however significant effort remains to realise a better future for given neighbourhoods in the area.

- ❑ Supporting the new retail enterprise in Pollok and the significant development of the Central Govan Action Plan and Southern General Hospital site development as physical signs of revival.
- ❑ Work with Glasgow's Strategic Planning Group for money, information and advice services to develop access to quality financial services and debt and advice services across the south west of Glasgow.
- ❑ Translate and develop financial education and awareness services within the area, in line with Glasgow City's Financial Awareness Strategy
- ❑ Pilot work with Housing Associations in the area to meet the care needs of tenants
- ❑ Promote careers within the service sector's like social work and the NHS and seek to raise aspiration for such careers within identified local secondary schools.
- ❑ Work with local learning partnerships to develop further programmes that develop emotional literacy and aspiration amongst families.
- ❑ Within Greater Govan and Pennilee the issue of teenage pregnancy and sexual health was highlighted as a local priority, consideration will be given to how best the South West can connect with the Cities Sexual Health Strategy and Teenage Pregnancy Strategy and initiatives.

### **Children and Families**

It is clear that despite the individual efforts of single agencies significant change is required to impact on the long-term health experiences of young people.

- ❑ Learning communities within SW CHCP offer exciting opportunities for a range of agencies including: health, social work, education, culture & leisure and the voluntary sector to work jointly on supporting parent's further involvement in children's health and in improving attainment and involvement in school to encourage individual's hopes and aspirations for the future. The CHCP will contribute to the roll of these partnerships and connect services and developments as appropriate.

- ❑ Health for All Children (Hall 4) sets out a framework for the review of current universal programmes of pre 5 assessment and offers opportunities for targeting of resources to the most disadvantaged children through integrated assessment, community development approaches and health promotion where there is good evidence of clinical benefit the SW CHSCP will be actively involved in the implementation of Hall 4, and maximise the prevention impact of these changes.
- ❑ Parent and Child Together Teams– targeted early intervention for vulnerable families has shown benefits for children and families and will continue to develop in the coming years, during 2006/7 South West Glasgow will implement and develop two such teams, working in line with city-wide policy.
- ❑ Dental Health – the CHCP has one of the highest rates of dental hospital admissions for the under 5s and will be one of three pilot sites in Glasgow for the West of Scotland Children's Oral Health Project – the aim of the project is to improve the oral health of the under 5s through the employment of additional dental health staff
- ❑ Work with partners, voluntary and community organisations working with children and young people to develop aspiration and emotional literacy.
- ❑ A significant investment has already taken place across Glasgow to equip public and voluntary sector staff in undertaking parental education programmes. The CHCP seeks to build on this to develop tailored learning programmes to support the skills of parents.

### **Addictions**

- Keeping it Quiet (2003) Aberlour Report indicated that around 600 children in Govan were living with a drug-using parent. Within South west CHCP we have two Community Addiction Teams (CATs), staffed by social care, nursing and medical officers and provide a range of treatment, care and rehabilitation for people with alcohol and drug problems and their families. We intend to develop further programmes to support children affected by addiction. We will also work with our partners in the community and voluntary sector to ensure improved outcomes for families.
- A review of carers services commissioned by the Council and the Health Board in 2003 asked carers and family members about need and service requirements. This review found that over one third of carers had full time care of a child/children of substance misusing parents. This was often combined with other caring responsibilities e.g. for partners or parents. All of those involved in the review reported significant impacts on their health and well being as a result of their experiences. These included minor illnesses, stress and anxiety and lack of energy. We intend to review and develop our current support to carers of people with addiction problems and identify resources within our CHCP, which could assist carers, reducing stress and improving health and well being for them and for the children they, care for.
- The legislative change for smoking in public places comes into being on the 1<sup>st</sup> April 2006, the CHCP will seek to work with partners to promote the impact of this change in the local area, supporting smoking cessation services and generating a smoke-free culture in the public life of the south west.
- The CHCP seeks to work with partners to develop further the support services for children affected by addiction, building on the use of the Drugs Misuse Funds and others.

### **Mental Health**

Partners in South West Glasgow have already been involved in developing innovative pathways programmes in primary care, through the South West Stress Centre and through emotional

resilience programmes operating through some secondary schools and community venues. In the year ahead the CHCP seeks to understand the range and coverage of mental health improvement programmes across the area, and build on the unique contributions of each to the mental health across the area. Particularly in relation to youth and older people.

### **Homelessness**

Approximately 14% of the homeless people in Glasgow are present in the south west of the city. Homelessness can take place for a number of reasons including economic and individual reasons for example, low income, sexual/physical abuse, unemployment and drug and alcohol misuse.

- With the hostel closure programme taking place the priority is to ensure homelessness is present on the agenda of all mainstream services with services being based on the assessed and specific needs of homeless people rather than people fitting into services.

The role of the Locality Development Co-ordinator remains a critical one in relation to supporting joint working, reducing duplication in assessment and working towards better outcomes for service users

### **Older Peoples Health**

The CHCP Integrated Older People's Team will continue to implement the Joint Futures recommendations, particularly the ongoing development of shared assessment. With the development of the Older People's Health Strategy in Glasgow early intervention and particularly the mental well-being of older residents, in terms of early diagnosis of depression and coping with bereavement are two issues for particular attention.

### **Developing Strategic Leadership and Organisational Development**

Underlying all these priorities there emerged a need to build the relationships, partnerships and ways of working that enables each of the priorities above to be addressed.

- The need for development and capacity support for communities, partners and staff was seen to be an underlying issue for taking forward the prevention agenda in the South West. This does not assume the need for an extensive new training programmes but more opportunities to build joint training and development programmes alongside a wide range of other supports including application of the community engagement standards, joint learning, working and evaluation.
- Building partnerships with shared Health Improvement priorities, emphasising the Local Community Planning Partnerships, Learning Partnerships, Economic Partnerships and as they develop the local housing forums.
- Actively raising visibility for Health improvement within and beyond the organisation, providing insight on what's happening and enabling staff to connect into these developments
- Supporting the health of staff in this process.

### **Performance Management of Health Improvement**

Each CHCP will be engaged in developing a new set of performance management systems able to reflect performance and impact of provisions within the context of NHS, Local Authority and Community Planning reporting requirements. The Scottish Executive health improvement performance assessment framework is also changing at the current time. The South West CHCP will seek to agree the performance management arrangements for health improvement to meet

a variety of reporting needs. The system will incorporate quality and activity information and ensure evaluation and impact information is collected and analysed.

## References

1. Health White Paper Partnership for Care (2004)
2. Glasgow City CHSCP Scheme of Establishment (2005) NHS Board Paper
3. Full report from SW CHSCP Health Improvement Development Sessions (2005) Fiona Moss
4. Delivering for Health, Scottish Executive, (2005)
5. Health Improvement Profile in South West Glasgow, Anne Scoullar
6. Community Planning Boundary Paper (September 2005)  
[www.glasgowcommunityplanningpartnership.org.uk](http://www.glasgowcommunityplanningpartnership.org.uk)
7. Regeneration Outcome Agreement (2006-08)  
[www.glasgowcommunityplanningpartnership.org.uk](http://www.glasgowcommunityplanningpartnership.org.uk)

## Appendix 1

South West Glasgow, A Community Health and Wellbeing Profile, NHS Health Scotland 2004, Note – data requires to be slightly adjusted for new CHSCP boundary area

	Indicator	Number	Measure	% Above Scottish Average	% Below Scottish average
Population Demographics	<ul style="list-style-type: none"> <li>Life expectancy – males</li> <li>Life expectancy - females</li> <li>Minority Ethnic Groups</li> <li>Teenage Pregnancies</li> </ul>	3239 627	68.5years 75.2years 3.8% 16.0	91 23	7 4
Function & employment	<ul style="list-style-type: none"> <li>Adults unable to work due to illness</li> <li>Disability Living Allowance claimants</li> <li>Self assessed health – as not good</li> </ul>	10,285 4,173 13,803	20.4% 8.3% 16.4%	93 86 61	
Lifestyle	<ul style="list-style-type: none"> <li>Alcohol related hospital admissions</li> <li>Drug related deaths (5 year total)</li> <li>Estimated smokers</li> </ul>	1,678 52 28,374	- - 46.6%	62 125 34	
Social Environment	<ul style="list-style-type: none"> <li>Adults with no qualifications</li> <li>Providers of unpaid care</li> <li>Overcrowding</li> </ul>	28,148 8,591 7,831	46.3% 10.2% 20.5%	39 7 75	
Economy	<ul style="list-style-type: none"> <li>Unemployed claimants</li> <li>Income support claimants</li> <li>Children in workless households</li> <li>Average household income</li> </ul>	2,488 13,285 7062 £19,375	4.9% 26.4% 37.4%	52 109 104	25
Morbidity/ Mortality	<ul style="list-style-type: none"> <li>Dental hospital admissions among children (4 year total)</li> <li>Hospital admissions – suicide/self harm</li> <li>Deaths – cancer</li> <li>Deaths – heart disease</li> </ul>	1,555 208 326 296	- - - -	70 31 25	16
Prescriptions	<ul style="list-style-type: none"> <li>Antidepressant related prescriptions</li> </ul>	2,068,359	-	20	

## Appendix 2

### The Scottish Index of Multiple Deprivation Data/Local Community Planning Partnerships

The Scottish Index of Multiple Deprivation data – a measure of over thirty separate indicators brought together to determine deprivation - provides for detailed and accurate information at smaller data zone level (population approx 500 to 1,000).

There are **134** data zones in total in the two local Community Planning Partnerships within SW CHSCP:

1. Gr Pollok & Newlands/Auldburn – 62 data zones, 31 (50%) are in the bottom 15% of Scotland. One fifth (6,500) of the population who live within the bottom 15% do not reside within a SIP area
2. Govan and Craigton – 72 data zones, 40 (57%) are in the bottom 15% of Scotland and 6,900 of those people do not live within a SIP area

In total over 13,000 people (over 10%) living in the SW CHSCP area resides in the bottom 15% of Scotland but do not live within a Social Inclusion partnership area. The Community Plan recognises that renewed targeting of resources is imperative to ensure that regeneration resources reach and benefit all residents who live within the worst 15% of data zones.

Table of Summary Indicators for the two local community planning areas using SIMD 2004

Note – some indicators are taken from sources other than the SIMD

<b>Govan and Craigton Local Community Planning Area</b>			
<b><u>Health Determinant</u></b>	<b><u>Local CPPA (No and %)</u></b>	<b><u>Glasgow</u></b>	<b><u>Scottish</u></b>
BME resident (2515) and Asylum seeker population (583)	3098 or 5% of local population are from BME or Asylum Community	6.4 of population are from BME or Asylum community	2.2 of population are from BME or Asylum community
Worklessness rate 2002	26%	23%	14%
Drugs and alcohol misuse 2003/4 – emergency hospital admissions	Drugs - 14 drug related admissions per 10,000 Alcohol – 91 per 10,000 admissions	Drugs - 21 drug related admissions per 10,000 Alcohol – 95 per 10,000 admissions	Unavailable
Education – school leavers no qualifications	Data unavailable		
Crime rates 2004/5	2,400 crimes per 10,000 persons	2,300 crimes per 10,000 persons	Unavailable

<b>Greater Pollok and Newlands/Auldburn</b>			
<b><u>Health Determinant</u></b>	<b><u>Local CPPA (No and %)</u></b>	<b><u>Glasgow</u></b>	<b><u>Scottish</u></b>
BME resident (2540) and Asylum seeker population (199)	2,739 or 5.1% of local population are from BME or Asylum Community	6.4 of population are from BME or Asylum community	2.2 of population are from BME or Asylum community
Worklessness rate 2002	22%	23%	14%
Drugs and alcohol misuse 2003/4	Drugs – 9 drug related admissions per 10,000 Alcohol – 85 per 10,000 admissions	Drugs - 21 drug related admissions per 10,000 Alcohol – 95 per 10,000 admissions	
Education – school leavers no qualifications	Data unavailable		
Crime rates 2004/5	1,600 crimes per 10,000 persons	2,300 crimes per 10,000 persons	Unavailable
<b>SW CHSCP</b>			
BME Asylum seeker population	5,837 or 5.1% of local population are from BME or Asylum Community	6.4 of population are from BME or Asylum community	2.2 of population are from BME or Asylum community
Worklessness rate 2002	22%	23%	14%
Drugs and alcohol misuse 2003/4	Drugs – 12 drug related admissions per 10,000 Alcohol – 88 per 10,000 admissions	Drugs - 21 drug related admissions per 10,000 Alcohol – 95 per 10,000 admissions	
Crime rates 2004/5	2,000 crimes per 10,000 persons	2,300 crimes per 10,000 persons	Unavailable

